



Arizona Career Resource Network

www.ade.az.gov.cte.azcrn

2005-2006 Arizona Career Information System (AzCIS)

Please, fill out form completely and legibly in order to process information efficiently.

Date: _____

Name of contact person: _____

Title: _____

Specific School Name _____

Please, provide grade level, if school name does not indicate it. _____

Street Address: _____

City/State/Zip: _____

Phone: _____ Fax # _____

E-mail: _____

Do you plan to use the Internet version? ☐ Yes ☐ No ☐ Both

Need 2005 AzCIS Disc? (For those who do not have Internet access).

☐ Yes ☐ NO

Approximate number of computers, disc might be installed on? _____

Need complete set of Occupational Video Clips, discs 1-10 (For those who do not have access to the Internet version. ☐ Yes ☐ No

Need additional sets of video clips (Previously received discs 1-6 and do not have access to the internet).

Need discs 7 & 8 _____ **Need discs 9 & 10** _____

Return this form to: **Susan Mellegard, AzCRN Director**
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1535 W. Jefferson St., Bin # 42
Phoenix, AZ 85007

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